

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/533274

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2		1		1			
3		2		1			
4		2		1			
5		0		1			
6	1		1				
7		1		1			
8		1		1			
9		2		1			
10		0		1			
11		0		1			
12		0		1			
13		0		1			
14		0		1			
15		6		1			
16	1		1				
17		1		1			
18		1		1			
19		2		1			
20		0		1			
21		0		1			
22		0		1			
23		0		1			
24		0		1			
25	1		1				
26		0		1			
27	0		1				
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48							
49							
50							
TOTAL IND.	4		4				
TOTAL DEP.	27	←	23	←	←		
TOTAL CLAIMS	31		27				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↓			↓		
TOTAL CLAIMS							